

# ~La Mariposa Montessori~

18 Puesta del Sol, Santa Fe, NM 87508

(505) 995-9659

## APPLICATION FOR ADMISSION

For: \_\_\_\_\_ School Year , Grade Level \_\_\_\_\_

Application Date: \_\_\_\_\_

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Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Parent Information:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pre-existing medical conditions/illnesses: \_\_\_\_\_

Date of most recent Hearing and Vision Assessments (**copies required for admission**) \_\_\_\_\_

Does your child have any special physical, cognitive or emotional needs? Please specify. \_\_\_\_\_

Schools previously attended by child (include art, music, playgroups etc...) \_\_\_\_\_

Briefly describe your child's interests, talents, needs and temperament, or any additional information about your child which we might find helpful. \_\_\_\_\_

How did you learn about and become interested in La Mariposa Montessori? \_\_\_\_\_

**Please include a \$35.00, non-refundable application fee.**

(Fee applied to registration upon admission.)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only:*

**Date of Admission:**

